GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:226
ANSWERED ON:17.12.2003
REVIEW OF INTEGRATED CHILD DEVELOPMENT SCHEME
PARSURAM MAJHI

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a)whether the Government has made any review of the implementation of Integrated Child Development Scheme in the country;

(b)if so, the details thereof, State-wise;

(c)the result achieved during the last three years, State-wise;

(d)whether the implementation of this scheme is poor in the KBK districts of Orissa;

(e)if so, whether any step has been taken by the Government to revamp the implementation of ICDS in such districts; and

(f)if so, the details thereof?

Answer

MINISTER OF HEALTH AND FAMILY WELFARE AND PARLIAMENTARY AFFAIRS (SMT. SUSHMA SWARAJ)

(a) to (f) A Statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 226 FOR 17-12-2003.

(a)& (b): Yes, Sir. A gist of main findings of the last evaluation of Integrated Child Development Service Scheme conducted by National Council of Applied Economic Research in 1998 is at Annexure-A.

(c): With concerted efforts, the supplementary nutrition beneficiaries have increased from 290 lakh in March 2001 to 388 lakh in March 2003 with beneficiaries per Anganwadi Centre increasing from 70 in March 2001 to 83 in March 2003. State-wise number of operational ICDS Projects and Anganwadi Centres and number of beneficiaries covered is at Annexure-B.

(d)to(f): No Sir. As reported by the State Government, more than 6.96 lakh beneficiaries are being covered under the scheme in the KBK districts of Orissa.

Improvement is a continuous process. Several steps have been taken in the past few years to make the delivery of services more effective and result oriented which include, decentralization of Medicine Kits and Pre-School Education Kits at State level;effective training of ICDS functionaries and Anganwadi Workers; improvement in the working conditions of Anganwadi Workers and Helpers and substantial increase in their honoraria; constant emphasis on States to make adequate budget provision in the State Plan Outlays for supplementary nutrition to all eligible beneficiaries, etc.

ANNEXURE-A

GIST OF FINDINGS OF NCAER SURVEY

Nationwide survey

Conducted by National Council of Applied Economic Research (NCAER)

Covering 60,000 Anganwadi Centres (AWCs)

Through 60 Networking Institutions (NWIs)

Data collection during 1998-99

Report submitted in July 2001

Infrastructure and Inventories

• Most of the AWCs across the country were located within accessible distance (100-200 metre) from beneficiary households.

Another 10 per cent were about 150-200 metre away. Rest were beyond 200 metre. Thus, the factor of distance of beneficiary households from the AWC was unlikely to affect the attendance at the AWCs during inclement weather;

• Only 30 per cent of AWCs functioned from their own buildings. In Kerala, Mizoram, Orissa, Sikkim and Tamil Nadu however more then 60 per cent of AWCs functioned from own buildings;

• Most of the AWCs except those in Tamil Nadu, Kerala, Karnataka and Orissa functioned from community buildings;

• Over 40 per cent of the anganwadi centers were housed in pucca structure. In Delhi, Haryana, Orissa, Gujarat, Punjab, Rajasthan and Tamil Nadu this percentage was over 50;

• More than half of the AWCs reported adequate indoor and outdoor space for cooking;

• Toilet facilities at the AWCs across the country were dismal (17% on the average);

• More than 75 per cent of the AWCs reported possessing weighing scales. About 1/3 of the AWCs reported adequacy of learning kits with wide variation ranging from 12% to 70%;

• On an average 26 per cent of the AWCs reported using medical kit with wide inter state variations; a low of 30 per cent in Arunachal Pradesh and Goa and a high of 80% in Tamil Nadu, Sikkim, Karnataka and Mizoram;

• Only about 30% AWCs reported adequacy of NHE material with wide variations ranging from a low of 8% in Uttra Pradesh to 58% in Goa.

Profile of Functionaries

• On average more than 90 per cent of the AWCs had functionaries in position;

• Nearly 60 per cent of AWWs were resided within the vicinity of the AWCs, except in West Bengal, Tripura, Assam, Delhi and Southern States. Residing within the vicinity of Anganwadi gives them adequate time for dispensing services and building rapport with the community;

• Nearly 50 per cent of the AWWs were matriculate and above. Thirty percent AWWs were educated up to middle class and another 15 per cent up to the primary level. Among the major states Gujarat and Rajasthan reported lowest percentage of matriculate functionaries.

• A large proportion of AWWs received any type of training (nearly 85%), in service training is reported to be quite low (less than 30%);

• About 40 per cent of the AWWs` time was spent on feeding and related activities, slightly less (36%)for PSE, and 16 percent of the time on record keeping. Nearly 9 percent of their time was spent on non-ICDS related activities;

• A higher percentage of AWCs in Orissa, Arunachal Pradesh and Punjab have reported up to date maintenance of various records. However, in some of the states the record maintenance pertaining to growth monitoring and referral was found to be not satisfactory;

• While most Anganwadi workers were regular in record keeping, they complained of complicated, too many registers.

Functioning of AWCs

• In an AWC, on the average 112 children (55 female and 54 male) were eligible of which 65 per cent were registered. Of 20 eligible pregnant and nursing mothers, nearly 3/4th were registered at the AWC;

• About 60 per cent of the children were enrolled for PSE with wide inter state variations;

• Around 62 per cent of the registered women availed of SNP and 61 per cent available of the antenatal/ postnatal services. Of the 54 eligible children for PSE, 33 children (over 60%) were enrolled;

• On average, an AWC functioned for 24 days in a month and for 260 minutes per day;

• More than 80 per cent of the AWWs received support from ICDS supervisors. ANMs, also provided support to 61 per cent of the AWWs in the delivery of health services. Interaction with the CDPO and LHV was dismal;

• Referral System was found to be quite weak in many states and needs a review.

Utilisation of Services

• Supplementary nutrition is provided for more than 21 days in a month in nearly 374th of the AWCs, with considerable interstate variations;

• In 70 per cent of the Centres children consumed food on the spot at the anganwadi center with Delhi reporting 20% of the children consuming food on the spot and Bihar reporting 53%;

• 1/3rd of mothers consumed food at AWCs. Except Mizoram in north eastern states higher percentage of mothers consumed food on the spot;

• On the average, 41 per cent of the AWWs maintained Community Growth Charts;

• Most of the children were immunized about 3.3 time in the last 3

months prior to the Survey, compared to 2.6 times for women;

• Seventy four per cent of children were immunized against the six major diseases namely, polio, diphtheria, pertusis, tetanus, measles and tuberculosis;

• On an average about 90 per cent of the women who had reported child birth during last one year had received the Tetanus Toxoid vaccination;

• Nearly 43 per cent of beneficiary women had availed of health checkÂup. 24 percent of women have availed of the referral services;

• AWWs covered more than 61 per cent of the mothers for postnatal services;

• Only 11 per cent of the households reported watching the audio-visual programmes.

• Per cent mothers reporting Anti Natal Care (ANC) coverage with AWCs varies from 67 per cent (minimum) in Meghalaya to 99 per cent in Orissa (maximum). AWCs have played a significant role in creating awareness about ANC in most of the state;

• The ICDS beneficiaries are poorest of the poor and they cannot always afford deliveries at institutions. Only in Assam (31%), Kerala (95%), Karnataka (63%), Meghalaya (27%), Madhya Pradesh (65%), and West Bengal (48%). the percentage is higher amongst the ICDS beneficiaries as compared to NFHS-II and RHS-RCH.

• Infant Mortality Rate (IMR) per 1000 live births is lower in ICDS areas as compared to ICDS + Non-ICDS Areas (NFHS-I & II) exce Bihar where IMR is 87 in ICDS area against 89.20(NFHS-I) & 72.90 (NFHS-II).

Community Participation

• The ability of the ICDS programme to attract a high degree of community involvement has been poor, except in a few states. Support from Panchayat members has also been negligible;

• A high percentage of AWWs and community leaders were not in favour of ICDS functioning under the Panchayats;

• Community support from mothers and family members of beneficiaries was generally confined to the period for which their children derived benefits from the programme;

• Survey results revealed that both the community and Panchayats made significant contribution in providing space and other infrastructural support to AWCs. They have also helped in identifying and enlisting beneficiaries for the programme;

• Community leaders were generally satisfied about the functioning of the AWCs (more than 80%) while more than 70% found the programme beneficial to the community;

• A higher percentage of beneficiary mothers provided support to AWCs in respect of immunisation and SNP. Participation of other beneficiary women and adolescent girls in the AWC activities was dismal;

Perception of Households

• Majority of the households was satisfied with the delivery of ICDS services;

• Around 87 per cent of the households were satisfied with the behaviour of the anganwadi functionaries;

• About 60 per cent of the household`s reported smooth enrolment from PSE to formal education;

• Indicators of Women empowerment such as time devoted to childcare, decisions regarding own health and child, health show a positive impact of ICDS programme on women empowerment. However, in regard to financial decision their involvement was limited.

Overall performance of ICDS (Based on Factor Analysis)

The overall performance of the programme has been analysed based on the components of infrastructure facilities, profile of functionaries, functioning of the AWCs, utilisation of service community participation and household`s perception regarding AWC services.

Top 5 States: Goa, Gujarat, Orissa, Maharashtra and Mizoram

Components responsible for better performance:

Profile of functionaries, functioning of AWCs, Delivery of Services. Except in Mizoram and Orissa, where community participation and infrastructure facilities were significant.

Bottom 5 States: Uttar Pradesh, Bihar, Nagaland, Arunachal Pradesh and Manipur.

Components contributing to poor performance:

Poor functioning of the AWCs, delivery of services, inadequate community participation and infrastructure & inventories.

ANNEXURE-B

Sl. No.	State/UT	2000-01			2001-02			2002-03		
		No. of Operational ICDS Projects	No. of Beneficiaries+ Anganwadis		No. of Operational ICDS Projects	No. of Beneficiaries+ Anganwadis		No. of Operational ICDS Projects	No. of Beneficiaries+ Anganwadis	
1	Andhra Pradesh	251	32215	2457626	251	36140	1934464	350	52419	2795798
2	ArunachalPradesh	46	1214	74529	49	1637	101353	56	1319	72318
3	Assam	107	14846	807460	107	13149	355904	151	19719	831810
4	Bihar	171	Not Avail-lable	Not Avail-lable	171	17683	278099	171	17683	278099
5	Chhattisgarh	152	19473	1520722	152	19965	1167427	152	20146	1389748
6	Goa	11	1017	44666	11	1017	47145	11	1011	48855
7	Gujarat	203	30614	1329373	218	31131	1555523	227	32830	1618257
8	Haryana	116	13543	1158890	116	13545	1225810	116	13546	1222269
9	Himachal Pradesh	72	7123	337237	72	7121	337938	72	7314	335242
10	Jammu & Kashmir	113	6261	197849	113	10049	135620	120	10125	260390
11	Jharkhand	152	Not Avail-lable	Not Avai-lable	152	14549	627935	152	11372	181960
12	Karnataka	185	40093	2840767	185	40133	2880394	185	40285	3018277

13 Kerala 137 18895 499203 163 22637 905112 163 24289 1025459

14 Madhya Pradesh 269 35052 1161653 332 45946 3030525 336 47229 3465838

15 Maharashtra 268 44980 3763422 268 44896 3619140 363 56235 4527868

16 Manipur 34 4128 2155 34 4376 187459 34 4371 187459

17 Meghalaya 32 2155 160398 32 2165 172751 32 2200 218738

18 Mizoram 21 1273 113310 21 1283 104598 21 1193 122093

19 Nagaland 52 2556 265743 52 2569 267530 52 2575 269603

20Orissa 281 26357 445506 308 29611 5024331 308 31209 2660169

21 Punjab 142 12785 517483 142 13540 623206 142 14017 555732

22 Rajasthan 191 26477 1412063 257 34723 1855746 257 35457 2910077

23 Sikkim 5 472 36886 5 494 38919 5 492 37022

24 Tamil Nadu 431 31618 1702507 431 31712 1472370 431 31713 1667287

25 Tripura 31 3493 120968 31 3499 113627 39 3553 134542

26 Uttar Pradesh 510 53141 4250924 518 54402 4578111 518 56871 4580532

27 Uttaranchal 54 Not Not 54 3811 240681 54 3971 102387
Avail- Avail-
lable lable

28 West Bengal 302 40543 3257583 318 38407 4005576 340 51700 3636197

29 A & N Islands 5 425 27651 5 429 32110 5 429 32110

30 Chandigarh 3 300 28041 3 300 34474 3 300 36948

31 Delhi 28 3842 430785 28 3842 485672 28 3842 485672

32 Dadra & N Haveli 1 125 14921 1 125 11996 1 138 13099

33 Daman & Diu	2	77	6724	2	77	6724	2	87	10419
34 Lakshadweep	1	74	4478	1	74	4478	1	74	4863
35 Pondicherry	5	677	45906	5	677	47117	5	677	46623
All India ->	4384	475844	29037429	4608	545714	37509865	4903	600391	38783760

+ Children below six years of age and pregnant & lactating mothers.